

5-29-2001

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The Attitudes of Business Owners and Employees Towards Adults with Developmental
Disabilities as Customers: An Exploratory Study

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Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2001

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

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Date of Oral Presentation: May 29, 2001

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Acknowledgements

I would like to thank my husband Jeremy for his love, support, computer wisdom, and the ability to devote my time and energy to my thesis and graduate school. This thesis would also have not been possible without the knowledge, support, and guidance of my thesis advisor Sharon K. Patten. Finally, I would like to acknowledge all of the businesses that participated in this study. Without their knowledge and participation, this study would not have been possible.

ABSTRACT

THE ATTITUDES OF BUSINESS OWNERS AND EMPLOYEES TOWARDS INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AS CUSTOMERS : AN EXPLORATORY STUDY

An exploratory, cross-sectional study considering how adults with developmental disabilities are perceived as customers in their community

RACHEL K. OLSON

JUNE, 2001

The future of community placement and involvement for adults with developmental disabilities has lacked empirical data. Few studies have examined the views of businesses towards customers with developmental disabilities. For this thesis, the concept of survey research was used to analyze the responses of one manager or employee from 9 community businesses to a survey based on a 2000 Business Attitudes Towards People With Intellectual Disabilities Questionnaire developed by the author of the thesis. Forced-choice and open-ended questions were compared to analyze common themes and attitudes. Overall, businesses were accepting of persons with developmental disabilities, and had few concerns about these customers. The businesses utilized by group home residents with severe/profound disabilities reported more difficulties with these customers than the businesses utilized by residents with mild/moderate disabilities. The results suggest that people with developmental disabilities are generally viewed favorably by businesses. There appears to be a need for increased social roles, such as being a valued consumer, for individuals with disabilities.

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Chapter I: Introduction

Providers of services for adults with developmental disabilities have not always maintained humane treatment for these individuals. Prior to 1848, individuals with disabilities were kept at home with their families. There was little or no support for adults with developmental disabilities and their families. Although there were attempts to formally educate individuals with disabilities to improve their challenging behaviors, this was overshadowed by attempts to protect society by placing adults with developmental disabilities in large institutions. During the 1920's and 1930's many individuals with developmental disabilities were sterilized to "protect the gene pool". By the 1950's, parents of individuals with disabilities began to advocate for their children, especially in the area of education. The parents wanted an appropriate education for their children with disabilities, and better resources for caring for their needs (Dickerson, 1981; Evans, 1983; Rosen, Clark, & Kivitz, 1976).

Starting in the 1970's, the implementation of social skills training (teaching individuals to respond and adapt to challenging situations during social interactions) in small group home settings for adults with developmental disabilities was intended to improve their quality of life, and increase the number of opportunities for these individuals to succeed. The research in this area has generally focused on the effectiveness of social skills training in smaller group homes, due to the argument that they are more humane and productive settings for adults with developmental disabilities to learn and thrive in when compared to the larger institutional setting (Conroy, 1977).

Dickerson (1981), Evans (1983), and Rosen, Clark, and Kivitz (1976) have found that despite the improvements in the area of social skills training, community-based

services are still limited in many ways. More work is needed in this area to make sure that adults with developmental disabilities are not seen as inferior, but equal partners in their community.

In the area of developmental disabilities there has been a steady move away from the medical model of mental retardation, stating that individuals with disabilities are sick and incurable, to the theory of behaviorism. Behaviorism recognizes that there are behaviors and social skills that prevent adults with developmental disabilities from being involved in their communities. This theory believes that these barriers can be broken down, and better skills and behaviors developed. The new focus on behaviorism has allowed adults with developmental disabilities to begin to work on their social skills and behavior. With training, adults with developmental disabilities can begin to be productive consumers and community members (Bradley, Ashbaugh, & Blaney, 1994).

Theorists have maintained that services for individuals with developmental disabilities should create a normalized lifestyle and valued social roles for these individuals. Adults with developmental disabilities can, therefore, show improvements in adaptive behavior, develop increased autonomy and choice-making skills, and participate and contribute to their communities. One valued social role is that of being a customer in local community businesses. With the increased focus on community-based services, adults with developmental disabilities have increased opportunities to function as a customer in the local businesses of their community (Parsons, Elkins, & Sigafos, 2000).

The future of community placement and involvement for adults with developmental disabilities currently lacks empirical data on the manner and quality of adaptation for these individuals (Butkus, 1986). Few studies have looked at the views of

the business community towards customers that have developmental disabilities (Parsons, Elkins, & Sigafoos, 2000). To continue to build on these areas and provide further empirical data, this study considered the research question: What are the attitudes of business owners and employees towards individuals with developmental disabilities as customers?

Chapter II: Literature Review

This literature review defines the variables of the research question, provides a historical background of social skills training and community integration, and outlines the theoretical frameworks of social skills and community involvement that are utilized in the small group home setting. It also considers the findings of previous studies done in this area, and the gaps found in the literature.

Definitions

The field of developmental disabilities can include the areas of mental retardation, cerebral palsy, epilepsy, and autism (<http://www.state.ar.us/dhs/ddds/dddefin.html>). Developmental disabilities have been defined in different ways throughout the literature. The first way that developmental disability is defined, is an IQ of 70-75 and below, which exists concurrently with related limitations in two or more of the following adaptive skills areas: 1) communication, 2) self-care, 3) home living, 4) social skills, 5) community use, 6) self-direction, 7) health and safety, 8) functional academics, 9) leisure and work (Bradley, Ashbaugh, & Blaney, 1994). This definition is consistent with the criteria found in the DSM IV for a developmental disability diagnosis (Nevid, Rathus, & Greene, 1994).

A second definition of developmental disabilities, given by the Americans with Disabilities Act (1990), is a person who has a physical or mental impairment that substantially limits one or more major life activities, and a person who has a history of, or is perceived by others as having a disability.

The literature has also defined business owners and employees. Saxby, Thomas, Felce, and De Kock (1986) have defined business owners and employees as

managers/proprietors and assistants in community businesses around group homes for adults with developmental disabilities. For the purpose of this study, business owners and employees will be defined as the managers/proprietors or supervisors (ages 18 – 40) of community businesses that are utilized by adults with developmental disabilities at least monthly. The business staff was chosen in this age range to select managers and employees with the most experience, and prevent the need to acquire further permission to ask questions from the survey to individuals under the age of 18. The age of 40 was not chosen for any specific reason, other than to create a reasonable end for the age range.

The idea of attitudes has also been defined in the literature. Attitudes have been defined as how an individual thinks or feels about the acceptability of a situation or another person that they come in contact with (Saxby, Thomas, Felce, & De Kock, 1986). Parsons, Elkins, and Sigafoos (2000) have also defined attitudes as the responses to questions on a Business Attitudes Towards People With Intellectual Disabilities Questionnaire, which state business views on customer and employee interaction, experiences, and perceptions regarding adults with developmental disabilities.

Parsons, Elkins, and Sigafoos (2000) have concluded that services for individuals with disabilities should create a normalized lifestyle and valued social roles. This can be achieved by the adults with developmental disabilities showing adaptive behavior, autonomy, choice-making skills, and contribution to their communities.

When these socially acceptable characteristics are shown in the community, business owners and employees treat adults with disabilities with respect and have positive feelings about providing services for these individuals. The attitudes of business owners and employees towards adults with developmental disabilities can therefore be

measured by evaluating the feelings and actions of community business owners and staff using a Business Attitudes Towards People with Intellectual Disabilities Questionnaire found in Parsons, Elkins, and Sigafoos (2000).

History of Community Integration and Attitudes

Today, because of social skills training, individuals with developmental disabilities find many opportunities to live, work, and find recreation in their communities. These areas have not always been available to people with developmental disabilities. To understand how these opportunities exist today, one must consider the history of social skills training (Dickerson, 1981; Evans, 1983; Rosen, Clark, & Kivitz, 1976).

According to Dickerson (1981); Evans (1983); and Rosen, Clark, and Kivitz (1976), the development of services and support for individuals with developmental disabilities began around 1848. Before this time, adults with developmental disabilities were generally kept at home with their families. The families were ashamed of their children with developmental disabilities, and they were told by the community that these individuals were not part of society and should not be seen in public. There was little or no outside support. An experimental school located in Boston was one of the first to attempt to formally educate individuals with developmental disabilities. The philosophy was to “make the deviant undeviant”, and their approaches were considered revolutionary at the time. By 1877, however, a medical model of mental retardation had emerged, replacing the educational approach. Society began to view individuals with developmental disabilities as sick and incurable. There was also a change in service philosophy to “sheltering the deviant from society”.

In the 1920's and 1930's, according to Sands and Wehmeyer (1996), the American Foundation of the Blind began to promote self-reliance among people who were blind. There were also social policy initiatives during this time that began to establish medical and rehabilitation programs for veterans of the World Wars and for those workers who were injured in accidents.

During this time, the discovery of the Principles of Mendelian genetics created a new concern for the "purity of the gene pool". The "Jukes" study by Robert Dugale linked the degeneracy of the Jukes family to inherited mental deficiency. The link between "idiocy, pauperism, insanity, and crime" began to gain popularity with the general public. The service philosophy in the area of developmental disabilities was again focused on "the protection of society for the deviant". This protection included looking at the gene pool. By 1926 there were 23 states that had mandatory sterilization laws for residents who were institutionalized. From 1925 to 1955 there were over 50,000 mandatory sterilizations that took place in the United States (Dickerson, 1981; Evans, 1983; Rosen, Clark, & Kivitz, 1976).

In the 1950's, the Association of Retarded Citizens (ARC) was formed. ARC fought to remove individuals with developmental disabilities from large institutions and allow them to have equal access to education. This organization influenced the passing of Public Law 94-142 (1975), which assured special education programs for all school-aged individuals who were in need of them. During this time the parents of those with disabilities began to organize to provide opportunities other than the large institutions for their children. They began demanding that their children be educated, and there was a

strong movement by these parents to be heard by society (Dickerson, 1981; Evans, 1983; Rosen, Clark, & Kivitz, 1976).

The 1960's also showed progress for individuals with disabilities. Any construction that received federal funds was mandated to provide access to individuals with disabilities in the Architectural Barriers Act of 1968. The idea of this Act was to guarantee access to public buildings for individuals with disabilities (Sands & Wehmeyer, 1996).

Section 504 of the Rehabilitation Act of 1973 states, according to Sands and Wehmeyer (1996), that a qualified person can't be denied federal assistance based on a disability that they may have. This was important discrimination protection for people with disabilities. Sands and Wehmeyer (1996) found that the Education for All Handicapped Children Act of 1975 assured that all children and youth with disabilities would have a free and appropriate education. These children attended public schools for the first time under this act.

The 1970's continued the improvements for individuals with disabilities. U.S. District Judge Raymond Broderick ruled in 1977 that retaining individuals with developmental disabilities in institutions was a violation of their Constitutional rights. This ruling was in response to a class action suit against the Pennhurst School for the Mentally Retarded in Pennsylvania. Similar cases were filed across the nation after the ruling and caused the ideas of deinstitutionalization, normalization, and least restrictive environment to be brought into the area of developmental disabilities (Sands & Wehmeyer, 1996).

Unfortunately, support from states during this time was minimal and the implementation varied from state to state. Some states began creating inclusive community-based programs, while others created dual systems, maintaining both a large institutional population and smaller community-based programs. There were also states that just shifted individuals from one setting to another based on the idea of least restrictive environment. Many individuals with disabilities ended up being moved from large state-run institutions to smaller private institutions or nursing homes that were of little or no benefit to this population (Dickerson, 1981; Evans, 1983; Rosen, Clark, & Kivitz, 1976).

In 1972, Wolf Wolfensburg suggested a new dimension for the service delivery that was implemented for adults with developmental disabilities. He introduced the idea of normalization, which stressed moving services for adults with developmental disabilities away from segregation and back into the mainstream of society (<http://www.vcu.edu/rrtcweb/techlink/iandr/supempl/suport/intro/html>). According to Gardner and Chapman (1995) the idea of normalization includes the dimensions of community presence, community participation, skill enhancement, image enhancement, and empowerment. Community presence requires that programs for adults with developmental disabilities be situated in the community with physical integration.

Community participation can be measured by the extent that adults with developmental disabilities are socially integrated into the community by impersonal and personal interactions. Skill enhancement considers how well adults with developmental disabilities achieve the expectations of society and culture for a particular age range. In the concept of image enhancement, the public perceptions of human services programs

are considered. Empowerment implies that the responsibility for making decisions is left up to the adult with developmental disabilities. It also ensures that adults with developmental disabilities have basic rights and protection from being harmed in any way (Gardner & Chapman, 1985).

The new group home programs that followed were considered to aid in avoiding the pitfalls of the isolated institutional way of providing services to adults with developmental disabilities. Individuals with developmental disabilities finally had a chance to be trained, habilitated, socialized, screened, and receive educational and vocational services (Bradley, Ashbaugh, & Blaney, 1994).

The final improvement for individuals with disabilities was the Americans with Disabilities Act of 1990. It guaranteed that individuals with disabilities will have equal rights, equal access to services, and equal treatment in all aspects of their community involvement (Sands & Wehmeyer, 1996).

Today, there is an emphasis on social skills training for individuals with developmental disabilities, allowing them to be reintegrated into their communities as customers and realize self-determination. The new ideas of self-determination, individualized supports, and customer-driven services have for the most part replaced the fears and misunderstandings of the past (Dickerson, 1981; Evans, 1983; Rosen, Clark, & Kivitz, 1976).

Conceptual and Theoretical Frameworks

One theoretical model that has been noted in the literature according to Dickerson (1981), Evans (1983), and Rosen, Clark, and Kivitz (1976) is the medical model. This model, started around 1877, states that individuals with disabilities are sick

and incurable. Adults with developmental disabilities are heavily medicated and restrained in institutions according to this model. This model has been regarded as inhumane and unfair in treatment for the adults with developmental disabilities.

Another framework that has been discussed in the literature is the developmental model from the early 1900's. In this model, it is realized that individuals are trained, habilitated, socialized, and assessed through their educational, vocational, and residential settings. This provides places to teach the individuals the skills they need to live a more independent life, and function productively in their community (Bradley, Ashbaugh, & Blaney, 1994).

A third theoretical framework that has been mentioned in the literature from 1913 is behaviorism. A behavioral clinician would identify the behaviors that were interfering with an adult with developmental disabilities living in the community. A program was then developed to remove these behaviors from the individual's actions and life. The program would be carried out in a behavioral hospital or another specialized setting. After the program was finished, the adult with developmental disabilities would be allowed to move to a less intrusive setting where the treatment could be used again if the behaviors reappeared. This framework is similar to the medical model, as they both attempt to fix illness, disease, and behavior by implementing the appropriate treatments to make these concerns for society disappear. (Bradley, Ashbaugh, & Blaney, 1994).

According to Hepworth, Rooney, and Larsen (1997), effective coping and community living skills are necessary for sound mental health, behavioral functioning and adjustment, and dealing with difficult life situations. One aspect of behaviorism that works on improvement and strength in these areas is social skills training.

Social skills training assists clients with developing the skills needed to function effectively in their environment and society, as well as dealing with the changes and difficulties that arise in relationships and life-cycle changes. This skill development is especially applicable to adults who are disabled since this group often lacks social and other coping skills (Hepworth, Rooney, & Larsen, 1997).

A fourth theoretical framework is the empowerment theory, grounded in Maslow's ideas about self-actualization from the 1960's. This theory suggests that stressful life events can be less incapacitating when individuals can be encouraged to identify with individuals like themselves, develop specific skills, perceive the societal and institutional components of problems, and to participate in change on the collective level. In other words, if adults with developmental disabilities can learn to identify with other individuals with similar challenges and practice certain coping and social skills, they will have less anxiety and challenging behaviors while accessing their community (Gutierrez, 1994).

Another conceptual framework that is mentioned in the literature from around 1970 is self-determination. Sands and Wehmeyer (1996) state that this approach involves an individual with developmental disabilities being able to realize what they need, and expressing this to those individuals who need to understand what they need. Self-determination also involves allowing the adult with developmental disabilities to know and understand the resources in their community that are available for them to use, and how to be educated about areas that would increase their growth and independence.

A final theoretical framework from the 1970's that has been considered is the social learning theory. Learned helplessness and locus of control have been determined

to be dependable predictors of individual and group behaviors in a wide spectrum of social interactions. It has been disputed that once individuals experience deinstitutionalization and are placed into social action organizations, there is resocialization that must occur that changes thoughts of helplessness and inefficacy into motivation and thoughts of action (Pecukonis & Wenocer, 1994).

Findings in the Literature

Studies in the area of social skills training and community integration have included both the effectiveness of social skills training, and the comparison of institutional and small group home settings.

Social Skills Training

In a study by Stacy, Doleys, and Malcolm (1979), eight previously institutionalized subjects receiving social skills training were found to exhibit significant changes in the positive direction for each social skill behavior in comparison to a control group. Generalization to unfamiliar situations was also noted. These included conflicts and challenges due to new interactions with individuals and businesses in the community setting.

Nonadaptive Behavior

Another study was in the area of nonadaptive behavior. This study was a matched sample investigation which considered the nonadaptive behavior of adults with severe developmental disabilities across four living situations. A postpriori analysis of six out of fifty-seven types of nonadaptive behavior found significant differences across several different residential categories, including the institutional setting and group homes. The six types of nonadaptive behavior included insisting on keeping items with him or her;

severe temper tantrums and/or frequent minor tantrums; hurts others by biting, kicking, hitting, etc.; does not wait for needs to be met; will smell, feel, and/or taste objects in the environment; and is very destructive. The r was found to be .79 (144 df , $p < .001$). A Chi-square analysis found that 6 out of 12 nonadaptive behavior descriptors were significantly different across the residential categories ($ps < .05$). A smaller significance was found in the areas of severe behavior management problems and job placements. The findings were $X^2 = 24.46$, 6 df , $p < .001$ and $X^2 = 53.91$, 16 df , $p < .01$ respectively (Scanlon, Arick, & Krug, 1982).

Institutionalization

One project involving adults with developmental disabilities looked at the differences between institutionalization and smaller group home settings. This study, involving two subjects, concluded that socialization opportunities in the community assume a considerable role in the personal development of persons with developmental disabilities. Individuals with developmental disabilities made friends, were accepted by others, and contributed more to their community when they were given appropriate socialization opportunities (Whitman, 1995).

Resources

Other studies were conducted in the area of resources. One study compared two residential alternatives for deinstitutionalized adults with mental retardation. The alternatives considered were family-care and small group homes. Residents of small group homes were found to improve in community living skills, have more friends in the community, show the ability to maintain contact with family members, and display the ability to use community resources when compared to those individuals living in an

institutional setting. The area of family-care was also found to promote increased community involvement and family support (Willer & Intagliata, 1982).

Functioning and Adaptation

A final area of study was in individual functioning and social-personal adaptation. A study by Wulliger (1989) also considered whether further opportunities for autonomy and activities for adults with mild and moderate developmental disabilities are correlated with increased levels of individual functioning and social-personal adaptation.

The results, taken from 66 subjects randomly selected from a pool of former state-institutionalized residents, found independent functioning and adaptive behavior to be two distinct factors of community adjustment and integration. The more independent and adaptive adults with developmental disabilities are in their environment, the better they are able to function and be productive members of their community as customers.

It was also suggested that the appropriate balance between opportunities for autonomy and activities, also considering individualized home care, may be associated with positive community adjustments in the group home setting.

Other studies have also found challenges in the area of social skills training for adults with developmental disabilities. There have been some difficulties with the implementation of community integration and group homes noted in the literature.

One of the challenges is based on the intelligence test scores and the associated functioning capacity that goes along with it. An IQ ranging between 83 and 68 is considered borderline functioning, 67 to 52 is mild retardation, 51 to 36 is moderate retardation, 35 to 20 is severe retardation, and 20 to 5 is profound retardation.

Individuals with mild developmental disabilities can usually benefit from special

education and a simple job, adjusting well into the community life. Adults with moderate developmental disabilities can be trained in concrete tasks and some levels of self-care. They do well in industrial task jobs and handle limited social activities under supervision. Individuals who are severely retarded usually need more supervision in the community and with self-care tasks. They need a lot of direction to accomplish daily tasks. Individuals with profound developmental disabilities depend on others for self-care and survival skills. The capacity of this group for social interaction is extremely limited (Adams, 1971).

According to the findings of Adams (1971), very few businesses and services exist for the more severe and profound levels of retardation. The community does not feel that these individuals can become a part of normal society. They view them as not being able to learn many skills and as quasi-invalids who are not really worth getting to know on a personal level. This creates difficulties in promoting social skills and community integration for these individuals.

Social Skills Training

A study by Conroy (1977) found that the total populations of individuals with disabilities tend to remain stable within the institutions of most states, and that the individuals in these settings are not receiving significantly less social skills training when compared to individuals in the small group home setting. The conditions of normalizing community services in this area seemed to be lagging. The study was a review of national trends in the deinstitutionalization of adults with developmental disabilities, showing the number of smaller institutions growing and the readmissions to these facilities increasing.

Interpersonal and Social Development

Another study by Sullivan, Vitello, and Foster (1988) found that although the adults with developmental disabilities living in group homes performed several personal and domestic skills, their interpersonal and social development was limited. They were found to possess a lack in communication skills and interactions within their community.

Community Business Attitudes

A third study from the United Kingdom by Saxby, Thomas, Felce, and De Kock (as cited in Parson, Elkins, & Sigafoos, 2000) used a structured questionnaire to interview 38 employees in businesses and retail shops utilized by adults with developmental disabilities. The results indicated that 38%, or 14 of the 38 employees surveyed, were concerned that individuals with developmental disabilities stood out from other customers and community members in their appearance and behavior. It was uncertain if the level of developmental disabilities had an influence on the views and perceptions of the business owners and staff. This was the only study focusing on business attitudes towards different customer populations that could be located. This area appears to be a new focus in the literature.

Employment

A fourth study by Olson, Cioffi, Yovanoff, and Mank (2000), which included 462 adults with developmental disabilities, concluded that although women with developmental disabilities were perceived as being more socially appropriate than men at their place of employment, they worked fewer hours in stereotypical female roles. The female employees with developmental disabilities earned less money because of these issues, but the difference was not found to be significant. The study analyzed an existing

data base of information on supported employment and natural supporters to determine whether gender plays an important role in the employment of individuals with mental retardation.

Men and women without developmental disabilities also tend to perform different kinds of work based on gender stereotypes. Women tend to have more tasks that require less decision-making ability, along with a need for nurturing or relationship skills in paperwork. Women also may work less hours and get paid less than their male counterparts in the organization (Hasenfeld, 1992).

Community Integration

Finally, Zober (1981) found that individuals with developmental disabilities felt a general lack of autonomy and decision-making power in their lives. Normalization in daily routine and pattern was evident, but actual integration into the community was lacking.

Studies looking at social skills have almost always included both the effectiveness of social skills training, and the comparison of institutional and small group home settings. There are currently equally conflicting findings for, and against the effectiveness of social skills training. Even when adults with developmental disabilities exhibit appropriate social and behavior skills when in the community, they still may stand out from other community members because of their appearance, slowness in writing out checks or paying for services, and the presence of group home staff members that need to be present with them for assistance and safety.

Furthermore, very few studies have considered the views of the business community towards customers that have developmental disabilities. It can therefore be

concluded, that these are areas which should be further considered in future studies to continue to build on current knowledge.

Gaps in the Literature

One gap noted in the literature is that few studies have considered the amount of time that business owners and employees spend with adults with developmental disabilities. A study done by Jacobson, Silver, and Schwartz (1984) revealed a positive relationship between the provision of service and the incidence of intellectual and functional deficits in the occupants with developmental disabilities of group homes. These findings suggested that the provision of services represents a possible source of adaptive change for occupants that may not be reflected in previous research measures.

Another gap in the literature is the failure of previous studies to consider community conflicts and neighborhood resistance when looking at the effectiveness of group homes and residential facilities for adults with developmental disabilities. A staggering 75 percent of group homes endure moderate to severe community opposition. As many as half of all community homes planned to be constructed for adults with developmental disabilities have been prevented by community resistance (Tse, 1995).

A third area that is overlooked in the literature is studies on severe developmental disabilities. These individuals tend to have less ability to exhibit social skills and therefore are more difficult to integrate into their community. There are very few studies that include this population (Matson, Leblanc, & Weinheimer, 1999).

The fourth concept lacking in the literature is in the area of gender issues. There is a general lack of data and references about the experiences of women with developmental disabilities in their supportive employment. There is possibly a cause for

concern that women with developmental disabilities receive lower wages, decreased benefits, and less training and support at their place of employment (Olson, Cioffi, Yovanoff, & Mank, 2000).

Finally, there has been limited research in the area of how the level of social skills and intellectual abilities found in adults with disabilities influences the perceptions and views of the owners and staff of businesses in the community. Studies need to be conducted to extend the knowledge in this area (Parsons, Elkins, & Sigafos, 2000).

This study expands on the previous noted research to include findings in the areas of severe developmental disabilities and the attitudes and perceptions of community business owners and employees. This will open opportunities for further research, and attempt to further close the gaps of the knowledge in these areas.

Summary

This chapter focused on defining the variables of the research question and providing a historical background of the change from the institutional setting to smaller group homes and community integration. It also focused on the theoretical frameworks of self-determination, the developmental model, empowerment theory, social learning theory, and behaviorism that are utilized in the group home setting. The findings of the literature were also considered. It also looked at the gaps of business attitudes, the amount of time that staff members spend with adults with developmental disabilities, community resistance, and severe developmental disabilities. The next section will focus on the theoretical framework utilized in the study.

Chapter III: Theoretical Framework

Theoretical Framework

One theoretical framework that has been discussed in regards to the research topic of social skills training for adults with developmental disabilities is behaviorism. Behaviorism can be defined as a natural science that studies the area of human adjustment to the environment. This framework is interested in studying how to understand, predict, and control human reactions and responses to the environment (Watson, 1930).

Watson (1930) states that in behaviorism there is a human response to every effective stimulus in the environment. This response is considered to be immediate. A stimulus can be defined as objects or events that may affect an individual's behavior (Martin & Pear, 1996). The response to the stimulus can be either external or internal. An external response is an ordinary task of an individual that does not need to be measured by an instrument, such as fighting. An internal response is hidden from the human eye and would need to be measured by an instrument, such as blood pressure (Watson, 1930).

A second concept contained in behaviorism is operant conditioning. In this concept, learning occurs when responses are controlled by their consequences. Human behavior tends to be repeated when there are positive consequences and not repeated when there are negative responses. Two important concepts in operant conditioning are reinforcement and punishment. Reinforcement is anything that comes after a behavior that would increase the likelihood that the behavior will be repeated again. For instance, if an adult with developmental disabilities gets a compliment from a business staff

member about their polite behavior and saying thank you, this behavior is more likely to be repeated in future situations.

Punishment is considered to be anything that occurs after a behavior that decreases the likelihood that the behavior will be repeated (Ashford, Lecroy, & Lortie, 1997). If an adult with developmental disabilities is talking loudly and having behavior issues which cause other customers to stare and the group home staff to correct them, these behaviors are less likely to be repeated in future situations.

A final idea found in behaviorism is modeling. In modeling, learning a behavior can occur without a response through observation and the practice of events. A person can therefore observe or practice a behavior done by another individual, and repeat that behavior later in another situation (Zuriff, 1985). If an adult with developmental disabilities observes a group home staff member saying thank you and paying for items in the community correctly, this individual will be more likely to try to copy and repeat this behavior so that these behaviors become learned.

Application to Research Problem

Behaviorism can be applied to the research topic of the attitudes of business owners and employees toward individuals with developmental disabilities as customers. According to Parsons, Elkins, and Sigafoos (2000), the progress of community-based services for adults with developmental disabilities is consistent with the ideas of normalization and social role functions. Theorists have argued that normalization is being a valued community member and making a difference in the activities that an individual participates in. Enhanced normalization can be achieved through modeling and positive reinforcement to promote appropriate social behavior and roles in the

community. This can be improved by the adults with developmental disabilities showing adaptive behavior, autonomy, and choice-making skills while accessing the businesses in their communities.

When these characteristics are shown in the community, business owners and employees treat adults with disabilities with respect and have positive feelings about providing services for these individuals (Parsons, Elkins, & Sigafoos, 2000).

If adults with developmental disabilities utilize a business in the community and maintain appropriate social skills, they will be rewarded with good service and the ability to utilize the goods, services, and resources that the business provides. The individuals with disabilities will feel good about accessing this business, and the business owners and employees will appreciate having them as customers. The business owners and employees will also feel like the adults with developmental disabilities do not stand out from other customers, and are accepted as part of the community.

If the adults with developmental disabilities do not display appropriate social skills when utilizing the businesses in the community, the owners and employees may not appreciate having them as customers. They will feel like the adults with disabilities stand out from other customers, and are not respected in the community. The adults with developmental disabilities would also feel uncomfortable accessing the goods and services from the business.

Even if an adult with developmental disabilities displays appropriate social skills and behavior, there is a possibility that business owners and employees could look unfavorably on the individual as a customer. This could be because of the personal biases, discrimination practices, and personal beliefs of the business owners and

employees. According to Adams (1971) few businesses and services exist for persons with the more severe and profound levels of retardation. The community and local businesses do not feel that these individuals can become a part of society. They view them as not being able to learn skills and as quasi-invalids who are not worth getting to know. This difficulty also creates difficulties in promoting social skills and community integration for these individuals.

Chapter IV: Methodology

This methodology section looks at the research question, describes the research design, and states the definitions of the variables in the research questions. It also considers the characteristics of the study population, describes the sample population, lists measurement issues, and states the data collection instruments. This section also describes the data analysis and considers the protection of human subjects.

Research Question

An attitude study was the focus of this research. It assessed the research question: What are the attitudes of business owners and employees towards individuals with developmental disabilities as customers?

Research Design

The research design involved an exploratory study, utilizing the method of survey research. The study provided both qualitative and quantitative data. It was cross-sectional in nature, and the survey questions were based on those from a study by Parsons, Elkins, and Sigafoos (2000). The units of analysis are the business owners and their employees in the community (Rubin & Babbie, 1997).

Definitions

The literature has defined developmental disability in different ways. One definition of developmental disabilities, given by the Americans with Disabilities Act (1990), is a person who has a physical or mental impairment that substantially limits one or more major life activities, and a person who has a history of, or is perceived by others as having a disability.

A second way that developmental disability is defined, is an IQ of 70-75 and below, which exists concurrently with related limitations in two or more of the following adaptive skills areas: 1) communication, 2) self-care, 3) home living, 4) social skills, 5) community use, 6) self-direction, 7) health and safety, 8) functional academics, 9) leisure and work (Bradley, Ashbaugh, & Blaney, 1994). This study utilized this operational definition by dividing the businesses in the study into those serving individuals with mild/moderate (IQ of 35 to 70) and severe/profound (IQ of 34 or below) disabilities depending on the level of support needed by the adults with developmental disabilities to access their community. These definitions are consistent with the criteria found in the DSM IV for a developmental disability diagnosis (Nevid, Rathus, & Greene, 1994). The level of support and disability was determined by the diagnosis of the clients in each group home based on the findings of a licensed clinical psychologist. These results are kept in each client's records according to the group home staff.

The literature has also defined business owners and employees. Saxby, Thomas, Felce, and De Kock (1986) have defined business owners and employees as managers/proprietors and assistants in community businesses around group homes for adults with developmental disabilities.

For the purpose of this study, business owners and employees were operationally defined as the managers/proprietors or supervisors (ages 18 – 40) of community businesses that are utilized by adults with developmental disabilities at least monthly. How often the businesses were utilized by adults with developmental disabilities was determined by the responses of the business managers and employees. The ages of the business owners and their employees were determined by the researcher's judgment. The

researcher always requested the business owner or manager when conducting the study. This attempted to assure that an individual with the most knowledge and experience participated in the study. If the business owner or manager did not feel knowledgeable about the questionnaire, the researcher was referred to an employee who would be more appropriate for participating in the study based on their ability to provide the most accurate and detailed information about the customers with developmental disabilities.

Employees who received permission to participate in the study from their manager or business owner also met this definition. The researcher then determined whether the business employee was 18 or older by her own judgment and through asking the age of the participant. The business employee was chosen in this manner to select managers and employees with the most experience, and prevent the need to acquire further permission to ask questions from the survey to individuals under the age of 18.

The idea of attitudes has also been defined in the literature. One way that attitudes has been defined is how an individual thinks or feels about the acceptability and of a situation or another person who they come in contact with (Saxby, Thomas, Felce, & De Kock, 1986).

Parsons, Elkins, and Sigafoos (2000) have defined attitudes as the responses to questions on a Business Attitudes Towards People with Intellectual Disabilities Questionnaire, which explores business views on customer and staff interaction, experiences, and perceptions regarding adults with developmental disabilities. This study utilized this operational definition.

Characteristics of the Study Population

The study was conducted in two areas of Minnesota based on the categories found in Parsons, Elkins, and Sigafoos (2000). These areas are considered to be representative of major suburban populations. The businesses in the study were located by major intersections and business areas in a suburban area of Minneapolis. From these areas, two different types of business groups were recognized: businesses visited frequently by people with severe/profound intellectual disabilities (high-support needs), and businesses visited frequently visited by people with mild to moderate intellectual disabilities (medium-support needs).

The first neighborhood contained businesses utilized by group home residents with severe and profound developmental disabilities. These disabilities were determined by the diagnosis of the clients in each group home based on the findings of a licensed clinical psychologist. These results are kept in each client's records according to the group home staff. These neighborhoods also contained the businesses frequently visited by these individuals. Group home staff were always on duty, due to the close supervision required and the inability of the adults with developmental disabilities to move and function within the community without supervision.

The second neighborhood contained businesses utilized by group home residents with mild and moderate developmental disabilities. The level of support and disability was again determined by the diagnosis of the clients in each group home based on the findings of a licensed clinical psychologist. These results are kept in each client's records according to the group home staff. Also included were the businesses frequently visited by the individuals with disabilities. Staff members were always on duty, although

the adults with developmental disabilities required mild and moderate amounts of supervision with daily living skills and access to their community.

Sample Population

To identify the businesses that were interviewed in the study, an informant-based process was used as found in the study by Parsons, Elkins, and Sigafoos (2000). It was important to ensure that the businesses interviewed from each support level were actually utilized and frequently visited by adults with developmental disabilities living in the area.

To apply the informant-based process, businesses in each support level neighborhood were identified by asking staff members of the group home facilities to list businesses in the community that the adults with developmental disabilities use on a regular basis (at least monthly). Five businesses in the area of each community residential facility were interviewed.

Staff members of the group home nominated at least five businesses. The owners or employees of each of the nominated businesses were then approached by the researcher and asked to participate in the study. Large shopping centers were not utilized due to the fact that the business owners and employees may have less knowledge about individual customers.

The location of the study was at the businesses in each of the neighborhoods. The survey took place in the early evening or on a weekend when there were not as many customers around. A quiet, private interviewing area was then chosen wherever possible to promote confidentiality and honesty in answers.

Measurement Issues

Problems with validity could have occurred during the study through systematic error. When asking how the business owners and employees felt about adults with developmental disabilities accessing their services and responding to their presence, the answers given may have not reflected how they usually feel or respond to the patronage of these customers.

This study also did not evaluate the effects of the social skills training received by the adults with developmental disabilities at the group homes. The group home staff could explain the nature and extent of the social skills training received by the individuals with developmental disabilities in the group home setting, but it is difficult to make a determination about how equal and effective this type of training is in relation to the ability of the adults with developmental disabilities to utilize the businesses in their community.

Systematic error could have also occurred if the researcher giving the interview survey nodded at answers to questions during the interview or gave other biased cues. This could have caused the participant to give false and biased answers.

Another challenge could have been in the area of social desirability. The business owners and employees may have given answers during the survey that they felt the researcher wanted to hear. The participants could have wanted their business to look like they were accepting of all customers and would not discriminate against anyone in the community.

Attitudes of business owners and staff about adults with developmental disabilities may or may not be the best way to study the community's view on the social

skills of adults with developmental disabilities. The businesses surveyed may also not be representative of the attitudes of this population overall. Selection bias could have occurred during the process of the group home staff nominating businesses that were utilized by the adults with developmental disabilities. They may have chosen the businesses because they were close to the group home or because they had received the best response and acceptance to the adults with developmental disabilities from these businesses.

Problems with reliability were also possible through random error. The interview survey could have been too boring or complex so that the participants gave quick, biased answers without giving much thought to their responses.

The interview survey in this study is not long, however, participants may have been inconsistently interrupted by customers or other job duties. Phone calls may have also become an issue during the interview.

The researcher's demeanor or attitude could have changed during the study, causing the answers of the respondents to vary and change. Some of the questions in the interview survey may have also been asking the participants for information that they do not know the answers to. This would have provided unreliable data as well.

Social work and group home jargon may have provided another opportunity for difficulties during this study. If the business owners did not understand some terms or language in the survey, they may have answered inconsistently because of this. This study attempted to avoid jargon in the survey questionnaire, however, this may have still presented reliability issues.

The data collected in this study was nominal and ordinal data. The variables of gender and business type were classified as discrete.

Data Collection Instruments

A 14-item questionnaire to study the attitudes of local business owners and employees was used in the study. The questionnaire and techniques for using the instrument were based on that found in Parsons, Elkins, and Sigafos (2000). It included forced-choice and open-ended questions, with the forced-choice questions allowing for comments from the subjects of the study. The study questions can be found in the questionnaire (Appendix A).

The questionnaire was pre-tested with three businesses in two neighborhoods. Minor changes were then made to the wording and organization of the questionnaire. References to developmental disabilities were changed to mental retardation to assist the participant in understanding the specific population that the researcher was studying. A question asking for any additional comments or concerns was then included at the end of the survey to provide a chance for the participants to expand on or add any other experiences that they felt would be useful for the study. The final version of the questionnaire was used to conduct the study.

Data Collection

The business owners and employees were approached by the interviewer during the early evening and on the weekend. The interviewer introduced herself and explained why the study was being conducted. The subjects were then told what was involved in participating in the study. The business owner or employee was then asked by the interviewer if they were willing to participate in the survey. If the business owner or

employee agreed to participate, a time was agreed upon to complete the 14-item questionnaire.

Data Analysis

The study provided descriptive data. Raw numbers were calculated from the data. Common themes among business responses were also discussed. The nominal and ordinal data limited the data analysis to these general areas in this exploratory study.

Protection of Human Subjects

The subjects in this study were protected in several ways. The first method was the use of a consent form. This form made sure that the subjects understood that participation in the study was voluntary and that they could leave at any time without any consequences. They were also made aware of the possible consequences and benefits of participation. The general area of research was also mentioned in the consent form.

A second method was through confidentiality. The researcher assured the participants that any information that they revealed was confidential. The information was not made public to parties who did not need access to this data. Aggregate reports were provided as necessary, with the confidentiality of each participant being protected as much as possible.

A third way that the subjects were protected was by doing no harm through the study. Unpleasant questions and difficult subject areas were kept to a minimum. The study was conducted with sensitivity and thoughtfulness to challenging tasks such as dealing with curious co-workers and customers, along with taking phone calls and dealing with customer interruptions.

The final way the subjects were protected was through the Institutional Review Board of Augsburg College. The researcher's proposal was reviewed and approved by the Institutional Review Board before the study was conducted to assure that the subjects would be protected from unnecessary harm.

Chapter V: Findings

This chapter states the findings of the study as they relate to the items asked on the survey questionnaire. The findings are then used to answer the research question: What are the attitudes of business owners and employees towards individuals with developmental disabilities as customers?

Businesses Serving Individuals with Severe/Profound Disabilities

Five businesses were nominated by group home staff in the community serving adults with severe/profound developmental disabilities. One manager or employee from each business completed the survey during the study. Due to the extent of the behavioral and functional challenges for the individuals with severe and profound developmental disabilities, all five business were places where the consumers would eat food. It appeared that this population of adults with developmental disabilities tend to eat out to participate in the community. Other forms of businesses, such as hair salons and grocery stores, seem to not be utilized and accessed by this population as much when they are involved in their community according to the businesses nominated by the group home staff.

Feelings about adults with developmental disabilities coming in as customers

One of the business managers felt good about any individual coming in as a customer. The manager stated “I feel good about anyone coming in, we don’t discriminate; My heart goes out to people with disabilities and my faith tells me to help in any way I can”. Another business manager stated that they were indifferent about having adults with disabilities as customers. A third business manager commented that they were a little uncomfortable with having this population as customers. Another business

manager stated that they had no problem with having adults with developmental disabilities in their business as customers, while the final business manager did not respond to this area.

Behavior of adults with developmental disabilities as customers

All five business managers reported that the behavior of adults with developmental disabilities as customers was reasonable considering the disability. They all seemed to expect different behaviors depending on the degree of the disability in the consumers.

Appearance of adults with developmental disabilities as customers

All five business managers also remarked that they felt the appearance (clothing, hairstyle, tidiness) of individuals with developmental disabilities was as presentable as other customers. They seemed to feel that adults with severe and profound disabilities look just as presentable, clean, and tidy as any other customer. The adults with disabilities did not stand out from other customers in this area apparently.

Incidents concerning adults with developmental disabilities

Two of the business managers reported loud behavior and noises by adults with developmental disabilities while they were customers. They did report that group home staff promptly took care of this issue, however. One of the business managers mentioned health issues concerning a customer with developmental disabilities. He stated "We once had a man with seizures get sick in the restaurant and his helpers helped him out". Two businesses chose not to respond to this area.

Positive and negative comments about adults with developmental disabilities

One of the business managers reported that other customers have made positive comments to them about employing adults with developmental disabilities. Another business manager stated that customers have made negative comments about the adults with developmental disabilities being disruptive. Three of the businesses chose not to respond to this area.

Benefits for adults with developmental disabilities

One of the business managers stated that there were the benefits of friendship, a great labor force, and the income from the purchases made by adults with developmental disabilities. They reported that customers with developmental disabilities were allowed to choose the business managers and employees whom they would like to assist them, if those individuals were available. Another business manager stated that this diverse group brings a sense of community when they are in the area as customers. Three of the businesses did not respond to this area.

Frequency of businesses utilization

Two business managers reported having adults with developmental disabilities as customers on a daily basis, two on a weekly basis, and one on a monthly basis. Adults with developmental disabilities appear to be frequent visitors to places where they can go to eat in the community.

Special provisions for adults with developmental disabilities

Two of the business managers reported having special provisions for adults with developmental disabilities. One of these managers stated that they do whatever it takes to

assist those with physical disabilities so that they can have access and a good experience in the business. Two of the businesses did not respond to this area.

Behavioral and social skills

One business manager stated that adults with developmental disabilities are usually polite, friendly, and talkative. Another stated that these customers are polite, friendly, and even a bit excited at times. A third business manager stated that these individuals bring communication skills that are acceptable when they are customers. Two of the businesses did not respond to this area.

Previous experience with adults with developmental disabilities

All five business managers reported having known or worked with adults with developmental disabilities. One of the business managers even reported that while they employ individuals from all walks of life, adults with developmental disabilities have been some of their best employees.

Businesses Serving Individuals with Mild/Moderate Disabilities

Five businesses were nominated by group home staff in the area. Only four of the businesses participated in the study, as one business manager stated that they “did not have customers with developmental disabilities”. Similar to the community serving adults with severe/profound developmental disabilities, one business manager or staff member completed the questionnaire while participating in the study. The businesses included places to eat, places to get groceries and supplies, places to get hair cut and styled, along with places to do banking. The businesses utilized by this group of adults with developmental disabilities seemed to encompass a broader scope of the community when compared to the businesses nominated for the severe/profound population.

Feelings about adults with developmental disabilities coming in as customers

None of the business managers had a problem with having adults with developmental disabilities as customers. Three of the business managers stated that these individuals were paying customers who needed their services just as much as any other person in the community. They reported that whenever possible, the adults with developmental disabilities had control over their own money and resources when in the community accessing their business. Group home staff would then assist these customers whenever they were having a difficult time handling their money.

Behavior of adults with developmental disabilities as customers

Three business managers reported that the behavior of adults with developmental disabilities as customers was reasonable considering the disability. They all seem to expect different behaviors depending on the degree of the disability in the consumers. A fourth business stated that their behavior was similar to other customers and reasonable considering the disability.

Appearance of adults with developmental disabilities as customers

There were two business owners that remarked that they felt the appearance (clothing, hairstyle, tidiness) of individuals with developmental disabilities was as presentable as other customers. They seemed to feel that adults with severe and profound disabilities look just as presentable, clean, and tidy as any other customer. One business employee stated that appearance was as presentable as other customers, and in extreme cases (one on one contact from a family member) they were more presentable than other customers in appearance. Another business manager felt that most, but not all, customers with developmental disabilities were less presentable than other customers.

Incidents concerning adults with developmental disabilities

One of the employees stated “The most problem we have is not sitting still; Just like little kids”. Another business manager felt that the adults with developmental disabilities sometimes talk loudly and other customers look to see what is going on. The other 2 businesses did not respond to this area.

Positive and negative comments about adults with developmental disabilities

One of the business managers reported that other customers have made positive comments to them about being open and accommodating to the needs of adults with developmental disabilities. None of the business managers stated that customers have made negative comments about the adults with developmental disabilities using the business.

Benefits for adults with developmental disabilities

One of the business managers stated that there were the benefits of opening the minds of other customers, many of whom may not see or deal with adults with developmental disabilities except for what they see portrayed in the media. One business manager stated that a benefit for adults with developmental disabilities who access their business was their friendly service. Two of the business managers did not think that there were benefits for these individuals using their business.

Frequency of businesses utilization

One business managers reported having adults with developmental disabilities as customers on a daily basis, two on a weekly basis, and two on a monthly basis. Adults with developmental disabilities appear to be frequent visitors to places where they can go to eat in the community.

Special provisions for adults with developmental disabilities

Two of the business managers reported having special provisions for adults with developmental disabilities. One of these managers stated that they “make their table closer to the bathrooms if needed”, “pull away extra chairs for them if in a wheelchair”, and allow “seeing eye dogs or aids to help them”. The other business manager reported that they assist by “Just moving chairs around for wheel chairs”. A third business manager stated that they do not provide special provisions for these customers and that they treat everyone the same. The fourth business did not respond to this area.

Behavioral and social skills

One business manager stated that adults with developmental disabilities tend to keep to themselves. Another stated that these customers are just like everyone else, wanting to have fun and “enjoy going with friends or family”. A third business manager stated that these individuals are very happy. Another business manager felt that these customers “just want to be treated like an individual”.

Previous experience with adults with developmental disabilities

All four business managers reported having known or worked with adults with developmental disabilities. This may be a reason why they seem to be so accepting of these individuals as customers.

Chapter VI: Analysis and Discussion of Findings

This chapter will discuss the findings of the study in terms of the conclusions made from the research and the nine principles of self-determination. It will also consider the areas of behaviorism, operant conditioning, and modeling. Finally, the chapter will address the limitations of the study, implications for practice, and implications for future research.

Conclusions

Businesses in the neighborhood with group homes supporting individuals with severe and profound disabilities appeared to be a little more skeptical and nervous about having adults with developmental disabilities as customers, as reported by the business that was indifferent and the business that was uncomfortable with the patronage of this population. They also reported a few more challenging behaviors and health difficulties with this population when they were accessing their business and the community. There was not a remarkable difference from the mild/moderate neighborhood, however.

All of the businesses seemed to be accepting of adults with developmental disabilities as customers. There also appeared to be little concern about the appearance and behavior of these customers while they were in the business and community. Some of the businesses even seemed to be very pleased to see adults with developmental disabilities out in their community.

Business managers and employees in both communities felt overall that adults with developmental disabilities are paying individuals that deserved to be treated just like any other customer. They felt that these customers had just as much of a right to receive their services as any other member of the community.

Principles of Self Determination

Self determination is a vital part of allowing adults with developmental disabilities and their families to participate in and make decisions involving freedom, choice, self direction, and community integration. This concept is defined by a set of foundation principles that can be used to measure how well self determination is utilized in the lives of adults with developmental disabilities, since these individuals are now integrated into their communities more than ever (<http://www.kss.org/valuesselfdet.html>).

The following foundation principles are important to consider in this study:

Freedom and Choice

This principle states that individuals with developmental disabilities and their close friends and family have the right to choose how they live their lives, where they will live in the community and with whom. This area was found to be positive in this study due to business managers and employees reporting that the adults with developmental disabilities were able to choose their own food and services in the community businesses. These consumers were also allowed to choose the business managers and employees in the businesses whom they would like to assist them, if these individuals were available.

Relationships and Connectedness

This principle considers that the relationships an individual develops with others must be treasured, nurtured, and protected. This study found that this area was positive in the respect that group home staff allow adults with developmental disabilities to maintain relationships with business employees whom they like. The business managers and employees from the businesses located in neighborhood containing group homes that

support individuals with mild and moderate disabilities reported having relationships with the adults with developmental disabilities who were repeat customers.

Contribution and Community

This principle states that all individuals have the ability to participate in and contribute to their community in productive ways. This study found that this area was met by businesses feeling that adults with developmental disabilities were paying customers just like any other member of the community. They reported that it was pleasing to see these individuals out and about as paying members of their community and contributing to their neighborhood.

Roles and Responsibilities

Individuals taking greater control of their lives and resources, along with assuming greater responsibility for their decisions and actions, is the cornerstone of this principle. In this study, the business managers and their employees found that customers with developmental disabilities had control over their money and resources when accessing the businesses in their community. Group home staff would assist and redirect challenging behaviors and difficulty with handling money when necessary, and remove barriers and obstacles to the adults with developmental disabilities accessing the businesses in their community.

Control

This principle believes that people have the power to make decisions about and control their own lives. Individuals can control their finances and determine who will provide assistance if it is needed in the community. This study found that group home staff allow adults with developmental disabilities to have as much control over their

money and behavior as they can handle when in the community. When control was difficult and challenging because of behaviors or barriers in the businesses participating in the study, group home staff members would assist and step in so that these consumers would be protected and remain able to utilize the businesses in their community.

Dreams

This principle stresses that all individuals should be able to have dreams and receive support to move toward those dreams. The businesses in this study stated that adults with developmental disabilities appear to have dreams of being treated like any other person in the community and have friends. It was generally reported by the businesses in the study that these customers were treated like any other customer in the community and were able to spend time with their friends and favorite business staff while being a customer.

Dignity and Respect

All individuals have the right to be treated with dignity and respect according to this principle. Businesses in this study reported receiving positive comments about seeing adults with developmental disabilities as customers and spending money in their community. Negative comments were also made, however, from customers who stared at customers with developmental disabilities and felt that these customers were a hassle and nuisance in the community businesses.

Fiscal Conservation and Stewardship

This principle stresses the importance for paying for only what an individual needs and receives, and spending money efficiently. In this study, the business managers and employees reported that adults with developmental disabilities had group home staff

to assist them when paying for services in the business to make sure that they only paid for what they needed and spent their money wisely. The businesses in the study also stated that the group home staff allowed the adults with developmental disabilities to have control over their own money and contact with the business owners and employees as much as possible. They reported that this seemed to give confidence and independence to the adults with developmental disabilities when they were customers.

Attitude

This principle believes that nothing is impossible if you strive to achieve your dreams. Adults with developmental disabilities have dreams that they strive to achieve. One of these dreams can include being able to be a respected customer in the community. This study found that most businesses were open to having adults with developmental disabilities as customers and employees. Most business managers and employees had previously worked with these individuals and wanted them to achieve their dreams and goals that they had set for themselves in the community, including being a valued customer.

Behaviorism

One theoretical framework that is important for understanding community integration and acceptance for adults with developmental disabilities is behaviorism. Behaviorism is a natural science that looks at the area of human adjustment to the environment. It also considers how to understand, predict, and control human reactions and responses to the environment (Watson, 1930).

Watson (1930) reports that in behaviorism there is a human response to any effective stimulus in the environment. This response is immediate. A stimulus can be

defined as objects or events that may affect an individual's behavior (Martin & Pear, 1996). The response to the stimulus can be either external or internal.

An external response is an ordinary task of an individual that does not need to be measured by an instrument, such as fighting. Some businesses in this study commented on adults with developmental disabilities talking loudly. Other businesses discussed these customers as being happy and even excited at times. These external responses could be a result of being nervous around other customers, being anxious about not understanding or receiving something in the businesses, and too much stimulation or pressure to control impulsive behaviors while in the community.

An internal response is hidden from the human eye and would need to be measured by an instrument, such as blood pressure (Watson, 1930). Businesses could not report items such as blood pressure, temperature, and illnesses when being asked about adults with disabilities as customers. An elevated blood pressure or temperature in the adults with developmental disabilities may have resulted from being anxious or upset about something in the environment while they were a customer in the community. The business managers and employees would have only been able to pick up these cues from an instrument. Since this was not available, these areas were not reported by the businesses as being areas that they saw as difficult and challenging when adults with disabilities were customers. One of the businesses did report seizure activity by one of these customers, but this illness is easily recognized and dealt with.

Operant Conditioning

A second concept contained in behaviorism is operant conditioning. In this concept, learning occurs when responses are controlled by their consequences. Human

behavior tends to be repeated when there are positive consequences and not repeated when there are negative responses. Two important concepts in operant conditioning are reinforcement and punishment. Reinforcement is anything that comes after a behavior that would increase the likelihood that the behavior will be repeated again. Punishment is considered to be anything that occurs after a behavior that decreases the likelihood that the behavior will be repeated (Ashford, Lecroy, & Lortie, 1997).

Some of the businesses managers and employees reported loud talking and disruptive behavior by the adults with developmental disabilities. When staff remove them from the business and correct their behavior, there is a decreased chance that these behaviors will be exhibited by the adult with developmental disabilities in the future.

Other business managers and employees reported happy and polite behavior. When the adults with developmental disabilities exhibit these behaviors, the business owners and employees, along with the group home staff reinforce this as being an appropriate community behavior. The adult with developmental disabilities were rewarded by a thank you or other rewards that increased the likelihood that these behaviors will be exhibited by the adult with developmental disabilities in the future, as evidenced by the increased frequency of visits to the community businesses that were reported.

Modeling

A final concept found in behaviorism is modeling. In modeling, learning a behavior can occur without a response through observation and the practice of events. A person can therefore observe or practice a behavior done by another individual, and repeat that behavior later in another situation (Zuriff, 1985).

Business managers and employees reported that group home staff reminded adults with developmental disabilities of appropriate behavior for the business and community by talking quietly and saying please and thank you so that the adults with developmental disabilities could see this appropriate behavior happening. The behavior of the adults with developmental disabilities was more appropriate once this modeling by staff took place. These customers started to say thank you after receiving services and talked at a more appropriate volume while accessing the businesses in their community. Modeling appropriate behavior seems to be effective for these customers when they are exhibiting challenging behaviors in the community.

In spite of the modeling, however, one business did report that they were nervous and apprehensive about having adults with developmental disabilities as customers. Another business also expressed concerns that other customers would look at the adults with developmental disabilities when they were speaking loudly to see what was going on in their area of the business. This created a sense of the adults with developmental disabilities standing out from other customers and upsetting some of the business that would result from other customers in the community.

Limitations

The small sample size of this study limits the ability to generalize to the general population. The businesses also were not randomly selected, so it is unknown if they were representative of the general population. All of the businesses were located in a metro/suburban area of Minneapolis, Minnesota, and the results of this study may not be able to be generalized to other areas of Minnesota or the nation.

It would be important to begin to include even those businesses who do not frequently have adults with disabilities as customers. These businesses may have important ideas and concerns that have not previously been noticed or addressed.

The structured interview format of this study could assume that those with developmental disabilities would be considered different and inferior to other customers. It may be assumed that these customers have more negative/ disruptive behaviors, ragged clothing, a lack of tidiness, and unkempt hair when compared to other customers in the community.

Another limitation is that data was not collected on whether customers with developmental disabilities shop in large groups, small groups, or individually. A large group could create a different perception than if these individuals were an individual customer in a business within the community.

Social desirability could have been another limitation of this study. The business owners and employees may have given answers during the survey that they felt the researcher wanted to hear. The participants could have wanted their business to look like they were accepting of all customers and would not discriminate against anyone in the community.

Another limitation is that selection bias may have occurred when the group home staff nominated the businesses that they felt were utilized by the adults with developmental disabilities. The group home staff may have chosen the businesses because they were the closest to the group home or because they had had the best service and response to the individuals with developmental disabilities as customers in these businesses.

A final limitation is that most of the businesses in this study reported that they had previously known or worked with adults with developmental disabilities. This could have resulted in them being more accepting and understanding of these customers when answering the questions in the questionnaire. It would be important to include the views of those businesses owners and their employees who have not worked with adults with developmental disabilities in the future.

Implications for Practice and Policy

Despite the improvements in the area of social skills training, community-based services are still limited in many ways. More work is needed in this area to make sure that adults with developmental disabilities are not seen as inferior, but equal partners in their community. Individuals with developmental disabilities need to be accepted by the community to become part of their environment. Appropriate external appearance, along with proper etiquette and social-skills in the community are important areas for social workers to keep in mind when attempting to receive services and resources for adults with developmental disabilities. Perceptions in these areas by community businesses and resource providers may determine whether or not an adult with developmental disabilities receives the services/resources that they need.

One of the major assumptions of normalization is that individuals will be attracted to whatever or whomever it is that they can identify with and have positive mental associations with. If a human service is to strengthen a disabled client's social value and image in the eyes of the community, it must present its clients in ways that will help the public identify with them and build positive mental associations to them (Thomas & Wolfensberger, 1982).

Future policies may further current efforts to reach people inappropriately placed in nursing home settings and private facilities. These individuals need to be allowed a chance to live with their families, in a smaller group home, or on their own; being provided with supports and services that are designed to meet their individuals needs. Adults with developmental disabilities also deserve a chance to be integrated into their community as much as possible so that they can be valued and active citizens.

Implications for Further Research

Further research could look at whether individuals with disabilities are customers in groups or as individuals. Studies could also attempt to find random samples of businesses to improve the possibility of generalization to the broader population.

There could also be a focus on the difference between different types of businesses in the community. Hair salons, restaurants, drug stores, etc. have different services that they provide, and they are accessed at different intervals and in different ways by customers who have developmental disabilities. This area could be researched further to address the difference between these businesses in the community.

Finally, future research could attempt to compare the views of business owners and employees about individuals with developmental disabilities to their views on families with small children and disruptive teenagers. It would be interesting to see if their views about these groups are similar and if they deal with these customers differently or the same.

References

- Adams, M. (1971). Mental retardation and its social dimensions. New York: Columbia University Press.
- American With Disabilities Act of 1990, 42 U.S.C.A. § 12101 et seq. (West, 1993).
- Asher, S.R., & Renshaw, P. (1981). Children without friends: Social knowledge and social skills training. In S. Asher & J. Gottman (Eds.), The development of children's friendships. New York: Cambridge University Press.
- Bradley, V.J., Asbaug, J.W., & Blaney, B.C. (1994). Creating individual supports for people with developmental disabilities. Baltimore: Paul H. Brookes Publishing Company.
- Butkus, S.J. (1986). Deinstitutionalization: Outcome for severely and profoundly retarded persons. Unpublished doctoral dissertation, Brandeis.
- Butterworth, J., Hagner, D., Helm, D.T., & Whelley, T.A. (2000, August). Workplace culture, social interactions, and supports for transition-age young adults. Mental Retardation, 38 (4), 342-353.
- Conroy, J.W. (1977). Trends in deinstitutionalization of the mentally retarded. Mental Retardation, 15 (4), 44-46.
- Dickerson, M. (1981). Social work practice with the mentally retarded. New York: Macmillan.
- Evans, D. (1983). The lives of the mentally retarded people. Boulder: Westview Press.

Gardner, J.F., & Chapman, M.S. (1985). Staff development in mental retardation services. Baltimore: Paul H. Brooks Publishing Co., Inc.

Gutierrez, L.M. (1994, September). Beyond coping: An empowerment perspective on stressful life events. Journal of Sociology and Social Welfare, 21 (3), 201-19.

Hasenfeld, Y. (1992). Human services as complex organizations. Newbury Park, CA: Sage.

Hepworth, D.H., Rooney, R.H., & Larsen, J.A. (1997). Direct social work practice: Theory and skills. Pacific Grove, CA: Brooks/Cole.

<http://www.kss.org/valuesselfdet.html>

<http://www.state.ar.us/dhs/ddds/ddsdefin.html>

<http://www.vcu.edu/rrtcweb/techlink/iandr/supempl/support/intro.html>

Jacobson, J.W., Silver, E.J., & Schwartz, A.A. (1984). Service provision in New York's group homes. Mental Retardation, 22 (5), 231-39.

Lovett, D.L., & Harris, M.B. (1987). Identification of important community living skills for adults with mental retardation. Rehabilitation Counseling Bulletin, 34-41.

Matson, J.L., Leblanc, L.A., & Weinheimer, B. (1999, October). Reliability of the Matson evaluation of social skills in individuals with severe retardation. Behavior Modification, 23 (4), 647-661.

Matson, J.L., & Sweiezy, N. (1994). Social skills training with autistic children. In J. Matson (Ed.), Autism in children and adults. Pacific Grove, CA: Brooks/Cole.

Nevid, J.S., Rathus, S.A., & Greene, B. (1994). Abnormal psychology in a changing world. Englewood, New Jersey: Prentice-Hall.

Olson, D., Cioffi, A., Yovanoff, P., & Mank, D. (2000, April). Gender differences in supported employment. Mental Retardation, 38 (2), 89-96.

Parsons, G., Elkins, J., & Sigafos, J. (2000, June). Are people with intellectual disabilities just another customer? Interviews with business owners and staff. Mental Retardation, 38 (3), 244-252.

Pecukonis, E.V., & Wenocur, S. (1994). Perceptions of self and collective efficacy in community organizational theory and practice. Journal of Community Practice, 1 (2), 5-21.

Rosen, M., Clark, G., & Kivitz, M., Eds. (1976). Introduction: The history of mental retardation. (pp. IX-XXIV) . Baltimore: University Park Press.

Sands, D.J., & Wehmeyer, M.L. (1996). Self-determination across the life span. Baltimore: Paul H. Brooks Publishing Company.

Scanlon, C.A., Arick, J.R., & Krug, D.A. (1982). A matched sample investigation of nonadaptive behavior of severely handicapped adults across four living situations. American Journal of Mental Deficiency, 86 (5), 526-32.

Stacy, D., Doleys, D.M., & Malcolm, R. (1979). Effects of social-skills training in a community-based program. American Journal of Mental Deficiency, 84, (2), 152-58.

Sullivan, C.A.C., Vitello, S.J., & Foster, W. (1998, March). Adaptive behavior of adults with mental retardation in a group home: An intensive case study. Education and Training in Mental Retardation, 23 (1), 76-81.

Thomas, S., & Wolfensberger, W. (1982). The importance of social imagery in interpreting societally devalued people to the public. Rehabilitation-Literature, 43 (11-12), 356-58.

Tse, J.W.L. (1995, January). Resistance to community-based learning disability facilities: Implications for prevention. Community Development Journal, 30 (1), 83-91.

Warren, S F., Baxter, D.K., Anderson, S.R., Marshall, A., & Baer, D.M. (1981). Generalization of question asking by severely retarded individuals. Journal of the Association for the Severely Handicapped, 6, 15-22.

Whitman, C. (1995). Heading toward normal: Deinstitutionalization for the mentally retarded client. Marriage and Family Review, 21 (1/2), 51-64.

Willer, B., & Intagliata, J. (1982). Comparison of family-care and group homes as alternatives to institutions. American Journal of Mental Deficiency, 86 (6), 588-95.

Wulliger, S.L., (1989). The community adjustment of mentally retarded adults placed in group and foster homes: A correlational study of environmental factors and community adjustment. Unpublished doctoral dissertation, Adelphi University.

Zober, R.S. (1981). Complex persons, complex lives: Life satisfaction and ecological environment of mentally retarded persons residing in family care homes and group homes. Unpublished doctoral dissertation, Brandeis.

Appendix A

Questionnaire

1. How do you feel about people with mental retardation coming here?
2. In general, is sufficient supervision provided by group home staff?
(a) yes (b) no (c) don't know
3. On the whole would you say that the behavior of the people with mental retardation is generally:
(a) similar to other customers (b) reasonable considering the disability (C) needs improvement
4. On the whole would you say that the appearance of people with mental retardation (clothing, hairstyle, tidiness) is:
(a) less presentable than other customers (b) as presentable (c) more presentable
5. Have there ever been any incidents concerning the people with mental retardation which are different than the general behavior of other customers? If so, what happened and how was the incident dealt with?
6. Do you have any concerns about people with mental retardation coming here?
(a) no concerns (b) a few small concerns (c) substantial concerns
7. Have other customers ever made positive comments to you about people with mental retardation coming here?
(a) yes (b) no
 If yes, what were the comments?
8. Have other customers ever made negative comments to you about people with mental retardation coming here?
(a) yes (b) no
 If yes, what were the comments?
9. Are there any benefits from people with mental retardation using this place?
(a) yes (b) no
 If yes, what are the benefits?
10. Have you made any special provisions for serving adults with mental retardation?
(a) yes (b) no
11. How often do adults with mental retardation utilize the services of your business?
(a) daily (b) weekly (c) monthly
12. Have you ever personally known or worked with an individual with mental retardation?
(a) yes (b) no
13. What behavioral/social skills do adults with mental retardation display as customers?
14. Are there any additional comments or concerns that you would like to bring up?

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